

865
S. No. 2
FORM-2-43
Rev. 5-17-39
X35697

22620

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 3 1948 18

Primary Registration District No. _____

1003

Registrar's No. 6606

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1406a Monroe
(If rural, give location) 4 26

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME MARY STOGSDILL

3. (b) If veteran, name war _____

3. (c) Social Security No. unknown

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 19 1895
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from July 12, 1945 to July 26, 1945.

that I last saw h. er alive on July 26, 1945 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Dent Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation cook

Immediate cause of death _____

Chronic Emphysema
Diabetes mellitus

Due to _____

Due to 61

Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Blupford Stogsdill

13. Birthplace Dent Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Theresa C. Cressman

15. Birthplace Dent Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Kyle Stogsdill

(b) Address 31519 California Ave.

17. (a) Burial (b) Date thereof July 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morant Home Cemetery

18. (a) Signature of funeral director Helen H. Brown

(b) Address JUL 24 1945 Grand Blvd

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Herbert C. Gritz (M, D or other) _____
Address 1515 Lafayette Avenue Date signed 7/26/45

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100
17
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Ogonoski

Licensed Embalmer No. *3398*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.